

Substance Misuse

in the Traveller Community:
A Regional Needs Assessment



Western Region
drugs task force
Meitheal Drugaí an Iarthair

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Foreword

On behalf of the Western Region Drugs Task Force (WRDTF) I am pleased to introduce the second in the series of three reports: *Substance Misuse in the Traveller Community: A Regional Needs Assessment*.

The National Drugs Strategy 2001-2008 and Western Region Drugs Strategy 2005-2008 emphasised the importance of research. It is the first step in the development of services, establishment of best practice guideline, and assists in ensuring value for money.

The aim of the National Drugs Strategy is “to significantly reduce the harm caused to individuals and society by the misuse of drugs and alcohol through a concerted focus on supply reduction, prevention, treatment and research” (Shared Solutions, 2005).

This report focuses perceptions of substance use from the perspectives of both service providers and members of the Traveller community. It discusses the causes of substance misuse among the Traveller community, the factors that may lead to drug dependency such as social exclusion, poverty, poor health and the relationship between the Traveller community and service providers.

In order to provide positive, integrated services in the west of Ireland research such as this is necessary to identify the needs of those on the margins of our society.

The WRDTF would like to thank Marie Claire Van Hout for the dedication she has shown throughout her work on this research project. This document will be a crucial element in the development of the Western Region Drugs Strategy 2010-2013.

Thanks also to Dr. Saoirse Nic Gabhainn of the Health Promotion Research Centre, NUI, Galway for her invaluable contribution as research advisor on all three reports. I welcome the opportunity to thank John Curran, T.D., Minister of State with responsibility for the National Drugs Strategy for launching this report and the Department of Community, Rural, and Gaeltacht Affairs for funding this research.

Orla Irwin
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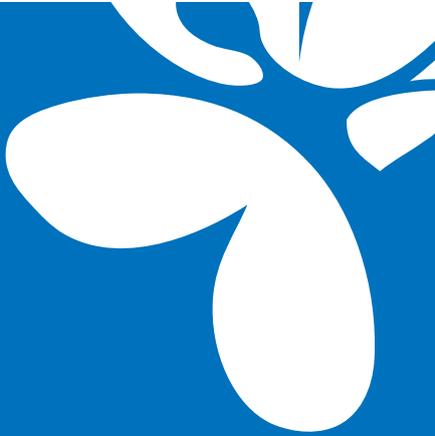


1. Introduction

Drug use in Ireland has become increasingly diverse particularly in relation to the user demographics, drugs of choice, poly drug taking and drug availability (National Advisory Committee on Drugs, 2007). Illicit drug use has gravitated from high-risk or marginalised areas to widespread use within all social strata in Ireland. Treatment statistics indicate an increase throughout rural and urban areas in Ireland, with alcohol reported as the primary drug of dependency, followed by cannabis and heroin (Moran *et al.*, 2001; Health Service Executive, 2007).

Although Irish drug policy is responding to these drug trends, the challenge for national and regional service providers is to keep up-to-date with the dynamics of drug use amongst a variety of at risk groups within the community (Kilpatrick, 2000). One such group is the Traveller community who, as an ethnic minority, present with lower rates of drug use when compared to the general population, but are particularly at risk of early drug initiation, progression toward dependency and problematic use as result of the compromising factors they experience in the course of their lives (Fountain, 2006).

In order to provide positive, integrated and improved service provision for Travellers in the west, research such as this is necessary to uncover the needs and feelings of Travellers, their drug use experiences, their knowledge relating to health, education, social and youth training issues, awareness of services and the possible discrimination and lack of support they may experience in their lives. It aims to explore the issue of substance use within the Traveller community, from the perspectives of Travellers as well as from the perspectives of services providing such drug and community-based support in the west of Ireland. These regional research findings will be used to inform the development of the next Western Region Drug Strategy 2010-2013 with regard to ethnic considerations and also in order to source and dedicate funding, and help provide a more positive and timely response to those members of the Traveller community experiencing problematic substance use.



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2 The Traveller Community and Substance Use

2.1 Substance Use

Substance use is described as a heterogeneous phenomenon, which encompasses a wide variety of diverse drug and alcohol patterns and etiologies (Weinberg, 2001). The terms “*substances*” or “*drugs*” can include illicit drugs (marijuana, cocaine, heroin and others), as well as alcohol and tobacco products. A drug can be defined as “*any non-nutritional chemical substance that can be absorbed into the body, and is taken voluntarily to produce a temporary, pleasurable effect*” (Austin, 1991). The dynamics of substance use and progression toward abuse is facilitated and influenced by the individuals’ circumstances, personality, attitude to drug use, drug availability, and drug related knowledge (Rutger *et al.*, 2001). In the majority of cases, individuals who use substances are able to function normally for certain periods of time and may never reach the stage whereby they need to access treatment for addiction. In young substance users, for the most part, substance experimentation and use ceases upon entering early adulthood and coincides with the development of other interests and priorities. The effects of substance abuse are determined in effect and potential severity of disorder by the following variables: *the specific drug, the dosage, the settings (interpersonal and environmental factors) and the set (internal physiological states of the drug user)* (Coyle, 1991). Substance abuse is characterised by the following processes:

- *Recurrent use leading to failure to fulfill major role obligations (e.g., work, home, school)*
- *Recurrent use in situations where it is physically hazardous*
- *Repeated substance related legal problems*
- *Persistent use despite recurrent social/interpersonal problems caused or exacerbated by the effects of a substance*

(Diagnostic and Statistical Manual of Mental Disorders IV, 2000).

2.2 Drug prevalence among the Traveller community

The following results from the National Advisory Committee on Drugs, *An exploratory study of an overview of the nature and extent of illicit drug use amongst the Traveller community* (Fountain, 2006) are of note:

1. *As in the general population, cannabis, sedatives, tranquillisers, and antidepressants are the drugs reported to be most widely used in the Travelling community.*
2. *Cocaine powder and ecstasy were the next most-used drugs amongst Travellers.*
3. *There were few reports of the use of amphetamines and magic mushrooms and the use of poppers was reported by only two of the drug-using Travellers.*
4. *Heroin, crack cocaine, LSD and solvents are the drugs least frequently used within the Travelling community.*
5. *There is a perception that many more males than females use drugs. However, it was perceived that sedatives, tranquillisers, and antidepressants were used mainly by female Travellers.*
6. *A wide age range of Travellers was perceived to be using illicit drugs, although the age range from adolescence to the early thirties was mentioned most frequently.*
7. *Prevalence of injecting drug use is relatively low among Travellers.*

(adapted from Fountain, 2006).

2.3 Causes of substance abuse among the Traveller community

Drug and alcohol onset, use and patterns of misuse are facilitated by a multiplicity of dynamic and interlinking factors and range from within the family and community system to the wider political and cultural society. The risk factors that contribute to early drug initiation and the development of problematic drug use for the Traveller community are described as inter-related deficiencies in the following areas: *“education, health, employment, accommodation, previous and current drug use, involvement in the criminal justice system, family, social networks and the environment including social deprivation, community disorganisation and neighbourhood disorganisation”* (Fountain, 2006). One must note that the onset of experimentation and level of problematic substance use will depend on how many of these risk factors are experienced, in combination with a certain resilience offered by protective factors such as supportive families, education and employment.

The prevalence of drug use and drug abuse in the Travelling community is increasing, but does not yet present at the level of the total Irish population (Joyce, 2002; Fountain, 2006). Low levels of drug use have been reported within the Traveller community, which suggests the presence of several protective (Fountain, 2006). It appears that in relation to the potency of Traveller culture, the Traveller family and their social networks may offer some protection from drug initiation and abuse (Fountain, 2006). This is of interest in relation to the apparent paradox within the Traveller community whereby Traveller culture may on the one hand offer protection against drug use while in other ways exacerbate the risks for problematic drug use related to poverty, family crisis, poor mental health and social exclusion.

Research shows that Traveller men present with more serious forms of drug and alcohol use than Traveller women (Hurley, 1999; McCarthy, 2005; Fountain, 2006). This is similar to national gender related drug use trends (NACD/DAIRU, 2006, Fountain, 2006). In terms of increasing normalisation of cannabis use, this drug is the most commonly used illegal

substance for both Travellers and the Irish population (Hurley, 1999; Fountain, 2006). In addition, low levels of opiate use have been reported, and prescription medication is increasingly problematic among Traveller women (Hurley, 1999; McCarthy, 2005; Fountain *et al.*, 2002; Fountain, 2006).

Drug dealing, drug use and increased access to drugs due to location of halting sites close to areas of drug activity are of increasing concern for the Traveller community (Power, 2004; Fountain, 2006). The visibility of drug use or drug dealing also raises the perceptions of drug use prevalence, and leads to increasingly normalised community perceptions of drug use. This is occurring in the advent of increased social housing schemes for Travellers within marginalised settled communities. The health and development of young Travellers is compromised and these young people are therefore particularly at risk of substance use and of progression towards substance use disorder. The specific risk factors for substance-related difficulties relating to Traveller health (Drugs Education Prevention and Policy, 1998; Health Advisory Service, 2001) are:

- *Early pregnancy*
 - *Being a victim of child abuse (physical and/or sexual)*
 - *Childhood conduct disorders*
 - *Depression and poor mental health*
- (Fountain, 2006).

In terms of Travellers accessing services, the most commonly reported barriers to accessing drug services include *“that it is geared to majority needs and culture; no minority members delivering services; and mistrust of confidentiality”* (Fountain, 2006). Travellers report mixed perceptions on whether health service workers understand their way of life and report that settled people often do not understand or care much about Traveller culture (Health Service Executive, 2008). However difficulties in the dissemination of health promotion material can be due to challenges in the comprehension of written material that often requires direct assistance from outreach workers. Due to their segregation, their experiences of discrimination at school and in the wider community, as well as their low literacy skills, young



Travellers are often most at risk of early drug initiation, patterns of binge drinking and problematic substance use. The risk factors for problematic drug use and progression towards dependency are closely related to the potency of social networks of pro-drug using peers and siblings (McCarthy, 2005; Fountain, 2006). Inversely, the presence of an anti-drug peer group acts to reduce risk factors, by promoting positive attitudes and resiliency skills (Pollard, 1999). Interestingly, the lack of opportunity for some Travellers to integrate with young people in the settled community may offer some protection against drug initiation and further use, and yet only if drug use is low within their own Traveller community (Fountain, 2006). Similarly, peer rejection may also increase risk of a substance use disorder due to feelings of social exclusion and isolation (Newcomb, 1995). Many young Travellers find it difficult to access sports clubs and youth facilities, due to experiences of discrimination and lack of suitable facilities in their areas. This has been linked to increased levels of boredom, unstructured social settings for leisure and heightened opportunities to engage in risk taking behaviours. It has been suggested that, *“It is easier for Travellers to access illegal drugs than to get served in pubs, from which they are often barred”* (Fountain *et al.*, 2002).

The risk factors for problematic drug use within the family are centred on parental and sibling drug and alcohol use, family crisis and disruption, poor mental health, marital breakdown and violence within the home (Pollard, 1999). Family crisis and indeed violence within the home are exacerbated by substance and alcohol abuse of parents, relatives or older siblings. Family influence and the close presence of extended family within the halting site or settled housing suggests that *“drug use within the family may not be secretive, and indeed may result in shared drug-using activities”* (Fountain, 2006). Equally, the closeness, love and support of the extended family with anti-drug attitudes may act as a protective factor from drug initiation and problematic drug use (Fountain, 2006). According to Fountain (2006) the risk factors for problematic drug use related to the family are as follows (Health

Advisory Service, 2001; Drugs Education Prevention Policy, 2003):

- *Problematic drug use by parents*
- *Problematic drug use by siblings*
- *Problematic drug use by partner*
- *Family disruption*
- *Family conflict*
- *Family breakdown*
- *Poor communication with parents*
- *Family criminality*
- *Inconsistent parental discipline*

(Fountain, 2006).

Although young Travellers may receive drug education at school, this may be haphazard due to issues relating to school timetabling, poor implementation of the Social Personal and Health Education (SPHE) programme and low or sporadic school attendance (Quinn, 1999). The Travellers relative inexperience of formal learning environments may also restrict the potential impact, optimum delivery and participation in youth drug education (Blighe, 2001). Key risk factors for substance-related difficulties relating to education (Health Advisory Service, 2001; Drugs Education Prevention Policy, 2003) are:

- *Exclusion from school*
- *Truancy study*
- *Low school grades*
- *Attendance at ‘special’ school/lessons because of learning difficulties or challenging behaviour.*

The protective factors related to increased resilience are:

- *Attachment to teachers*
- *Commitment to education*
- *Educational attainment*

(Fountain, 2006).

2. 4 Conclusion

The Traveller community may be particularly at risk of problematic drug use due to their experiences of marginalisation, poverty, poor mental health, discrimination within the wider society and increasing fragmentation of their culture. Both Traveller organisations and mainstream services would assert that Travellers are under-represented in terms of those accessing counselling and residential treatment services. However, without ethnic identifiers in place, one cannot be certain of the numbers of Travellers accessing treatment and education services.

In recent years, increasing numbers of Travellers are problematic drug and alcohol users, and are not accessing any services or supports (Quinn, 1999; Fountain, 2006). Fountain (2006) reported that service providers did voice their concerns of recent drug use trends among Travellers but stated *“Travellers did not acknowledge drug use amongst their community, noting that it was a taboo subject and ‘very much hush-hush’, not least because of the stigma of drug use within the community”*. Research such as this, which incorporates a comparative and exploratory analysis of drug use with experiences of services from the Travellers and key agency workers perspective in the west of Ireland, is vital in providing a picture of current drug related issues for the Traveller community, and so aids in the development of proactive and positive service experiences for this group.



“Travellers and settled people working together ... has to come from everyone”



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3

Research Methodology

3.1 Research aim

This research is a regional needs assessment related to substance misuse and the provision of services with and for the Travelling community. It aims to achieve a greater understanding of:

- The perceived prevalence and reasons behind substance misuse in the Traveller community in the west of Ireland;
- The impact of substance misuse on the Traveller community, and;
- Traveller needs surrounding existing and new services relating to the prevention and treatment of substance misuse in the west of Ireland.

3.2 Research questions

The research was exploratory and guided by the following themes:

- The extent and nature of substance misuse in the Traveller community in the west of Ireland;
- The types and style of substance abuse within the Traveller community;
- The routes and progression pathways towards substance misuse within the Traveller community;
- Prompts within the Traveller community that help prevent or alternatively promote substance misuse;
- Appropriate supports for the Traveller community to help prevent and treat substance related problems;
- Service needs around substance misuse; the provision of integrated and targeted drug prevention and treatment services;
- Recommendations to help prevent and treat substance misuse within the Traveller community.

3.3 Data collection

The process used in gathering information for this research was as follows:

- The researcher and research subgroup of the Western Region Drugs Task Force and regional experts in Traveller health issues conferred in order to consider potential sampling and consultation methodologies;
- A flexible pre-development phase of several weeks was put in place in order to develop relationships with the Traveller community and their representatives;
- Desktop research and a literature review was conducted, in order to assess previous local, regional and national research in the area of Travellers in the west;
- Consultation and partnership with service agencies in contact with the Travellers in the west, and in particular existing research projects, which network, liaise or relate to Drugs and/or Travellers;
- One-to-one interviews and consultations with service providers in contact with Travellers working within the relevant service and community areas;
- Focus Groups with members of the Traveller community; adults (men and women) and young people.

3.3.1. The research consultation process

Members of the research subgroup of the Western Region Drugs Task Force, in collaboration with regional experts in Traveller health issues, met at the start up phase of the research, in order to discuss and consider sampling and consultation methodologies. This phase was concerned with building relationships with the local Traveller Community and those working in the drugs field and with Travellers. This provided the researchers with a clearer understanding of the reality of appropriate approaches and needs.

3.3.2. Pre-development phase

The aim of the pre-development phase was to build trust among the Traveller community and commitment to the research with support from the Pavee Point (Traveller Specific Drug initiative) guide for this type of pre-development work. This was aided by the relevant agencies with a Traveller remit and by the Community Liaison Workers employed by the Western Region Drugs Task Force. The researcher worked with key liaison workers in order to inform them about the research process and aims, so that they were able to brief their own organisations and Traveller groups about the research.

3.3.3. Views of service providers

Interviews and consultations with service providers were included in order to generate a more comprehensive picture of current dominant perceptions of the *“experiences and issues relating to drug use among Travellers.”* These were individuals working in the Traveller community and also within the community and drugs context, who were deemed well positioned to detect *“new”* or recent

developments in the lives of Travellers, related to their levels of drug knowledge, attitude to substance use, levels of drug and alcohol use, experiences of drug and community services and approaches to drug treatment.

The researcher compiled a list of agency workers ($n=68$) and these were contacted, mostly by telephone, the aims of the research explained and discussed, and, if the agency worker agreed, an interview was arranged. The sample was based on availability or self-selection ($n=45$) with a response rate of 66%. The 45 agency workers comprised representatives from Traveller organisations, primary health care workers, addiction counsellors, county development boards, social inclusion projects, housing, probation and welfare, juvenile liaison officers, Gardai, youth workers, social workers, family support workers, drug and health care workers, drug service workers, community workers and local authority and health board officials working with Travellers in the west of Ireland. The breakdown was as follows:

Table 1: Service agency participants by country and service type

County	Addiction/Drugs	Traveller services	Councils	Youth/ISPCC Probation	Law/JLO/	Other*
Galway	8	3	2	2	2	1
Mayo	7	3	2	2	2	1
Roscommon	3	1	1	2	1	2

* Other consists of prison release, women's refuge and social projects.

3.3.4. Views of Travellers

The primary aim of this aspect of the research was to examine respondents' attitudes to drugs; to investigate perceptions of the drug use and risks associated with drug use, drug use history; current drug use, peer relationships and peer drug use, family relationships, drug attitudes, motives for use/non use; knowledge of the local drug scene and circumstances associated with the use of drugs and drug use services. This phase was predominantly peer-accompanied where a Traveller guided the facilitation of the Traveller focus groups. This was in order to:

1. facilitate the creation of relationships between the researcher, the agency facilitating the focus groups and the Traveller community;
2. aid in future dissemination of drug and health related information within the community; and
3. create networks between the key drug service providers and the Travellers involved.

The time spent with Travellers before the focus groups helped to yield detailed knowledge about levels of drug involvement as well as important information pertaining to lifestyles, attitudes and motives of drug users. In this way, optimum research information was retrieved within a comfortable setting.

The focus groups were composed of Traveller men, women and youth (under 20 years) ($n=57$). The researcher aimed to maximise the number of focus groups containing 3-9 individuals of similar age and gender within Mayo, Roscommon and Galway in order to obtain a detailed picture of Traveller drug use, needs and experiences of regional services. The breakdown was as follows;

The researcher discussed the aims and objectives of the study with each group of Travellers. Confidentiality, anonymity and other ethical considerations were explained and emphasised throughout the course of the research, and participants were able to withdraw at any stage (EMCDDA, 2000).

An information sheet outlining the aims and methods of the research project was produced for all participants before asking for informed consent to participate in the focus group. The information was repeated verbally to the potential participants at the beginning of each focus group session. Participants were encouraged to ask for clarification during all stages of the focus groups.

Table 2: Traveller participants by county and group

	Total	Traveller Men	Traveller Women	Traveller Youth
Galway	36	14	14	8
Mayo	4	4	0	0
Roscommon	17	1	8	8
Total	57	19	22	16

3.3.5. Fieldwork

The fieldwork for this study was conducted in mid 2008. Interviews and focus group discussions were based on semi-structured interview/focus group schedules (Mayock, 2002) and all participants were encouraged if they wanted to discuss any other topics. All discussions were tape recorded, with permission, and fully transcribed.

3.4 Data analysis

The analysis of interviews focused on the issues surrounding Traveller drug and alcohol use, but also aimed to create a comparative and contrasting analysis of this information according to the varied perspectives of the research participants. As themes arose they were explored in a "lengthy conversation piece" (Simons, 1982, p.37). The analyses were firmly based on the information and comments received from participants in this study.

3.5 Ethical procedures

The following ethical procedures were adhered to throughout the research:

The confidentiality of records and data generated by the research was protected at all times. All materials, including the notes and tape recordings from interviews and focus groups, were securely stored and protected by passwords.

Care has been taken by the researchers to present this research in a format that would not allow the identification of the study participants or of sites and localities in the western region where participating Travellers live.

In addition, the following research protocols were adhered to:

- The Traveller Ethics, Research and Information Working Group was established by the Department of Health and Children in 2002 as a sub-group of the Traveller Health Advisory Committee. Its terms of reference set standards of conduct for this research;
- The methodology was conducted in accordance to standards set by the NACD's Guidelines on Good Research Practice - Research Ethics;
- Children First National Guidelines for the Protection and Welfare of Children (2004) were followed.

Note: Throughout this report, 'drug services' means all drug education, prevention, and treatment services, unless otherwise specified.



“Services are not visible”



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Findings



4.1 Introduction

A wide range of illegal drugs, such as cannabis, ecstasy, amphetamine and more recently cocaine appear to be increasingly available within both urban and rural communities throughout Ireland (Moran, 2001). The pervasiveness of drug use has appeared to have some peripheral effect on the Traveller community, who experience a myriad of risk factors for difficulties associated with substance use so typically experienced by marginalised communities or vulnerable groups (Quinn, 2001). It appears that the Traveller community most commonly present to services with problematic alcohol use, and only in recent times with drug-related issues (Fountain, 2006). The Traveller community presents a minimal percentage of those currently accessing drug prevention, community and treatment services (O'Brien, 2005). This is attributed to experiences of discrimination, lack of awareness of services, lack of education and lack of ethnic identifiers in reporting systems. It is therefore vital to consider the needs of the Travellers and their reported drug and alcohol use in the development of integrated, targeted, culturally appropriate, pro-active and supportive drug prevention strategies and treatment protocols (Pavee Point, 2000).

There is a certain lack of information on Travellers' lives and experiences, due to the somewhat hidden nature of their lives; in combination with levels of suspicion within settled or mainstream communities (Quinn, 1999; Kenealy, 2006). The Traveller groups emphasised that they would discuss the issues in relation to the Traveller community, but also in relation to the wider community, as they were aware of problematic alcohol and in some cases drug use having a negative effect on their culture and communities. There appeared to be reluctance on the part of some Travellers to admit any levels of awareness of drug use or problematic drug use. In contrast, the agency workers commented that the situation in the west of Ireland regarding substance

use within the Traveller community, although not as serious as Travellers in more urban areas in the east of the country, had definitely increased in terms of substance range and rates of use.

The exposure to risk factors in the relative absence of protective factors exacerbates the likelihood of such problem behaviours occurring in vulnerable individuals and minority groups such as Travellers. According to Fountain (2006), the Traveller cultural values and norms, close knit family and social networks may have some positive effect in reducing drug-related initiation and potential drug related harm. However, drug use is increasingly related to a certain fragmentation of Traveller culture. In the focus groups with Travellers, Traveller culture was discussed and it was perceived that opportunity for the expression of Traveller culture was *"dying out"*. As an agency worker commented, *"Originally their cultural norms protected them from drug use, but as they become increasingly settled and involved in the settled community ... their drug use is increasing."* This increased risk can occur due to increasing sedentarisation of Traveller families within settled housing programmes, located in marginalised areas where there are high levels of drug availability and use. Research shows that the neighbourhood environment or community setting may have some predictive effect in the initiation of substance use for vulnerable individuals by providing exposure to and access to available substances and substance-using peer groups (Eglington *et al.*, 2001). Hurley (1999) suggested that Travellers fear that their young people learn more about drugs when they interact with settled people and that therefore their cultural base will be weakened. An agency worker commented, *"The young Travellers want to be part of the community especially now they are attending education for longer than in previous years and this leads them to be less aware of original Traveller cultural values"*.



The discrimination and exclusion that Travellers experience in the course of their daily lives is often not directly visible to national policy and regional/local service providers (Blighe, 2001; Fountain, 2006). In many cases, the agency workers were unsure whether services should attempt to provide integrated provision for Travellers or whether regional policies must offer segregated services to cater for the Traveller community. From the Travellers' perspective, the discrimination that Travellers face in all aspects of life was discussed extensively throughout all of the Traveller focus groups, particularly in relation to life experiences, lack of self-esteem and difficulties with employment and training.

Discrimination was reported by the Travellers as being widespread across all services, both towards themselves and other ethnic minorities within the western region. These issues were widely regarded as encouraging early onset of drug use and also exacerbating current problematic drug use. Travellers highlighted the fact that it is common practice for Travellers to hide their identity in order to avoid being discriminated against, particularly in the case of accessing health services, accessing leisure facilities and attempts to gain employment. Travellers felt excluded from partaking in their communities, according to one Traveller man, *"You're not in the same community, you're living in it, but you're not in it"*. Several Traveller parents noted that young Travellers are *"not allowed in"* to the local handball alley, football clubs, etc. Traveller groups felt that this is purely because they are Travellers, and not for any other obvious reason. This was reported as leading to increased levels of boredom, lowered self-esteem and greater temptation to experiment with drugs and alcohol. A Traveller male commented, *"You're not given a chance, the minute they hear Traveller..."* This feeling of exclusion appears to be a common situation for all Travellers and was typified by the comment that *"people are against them (Travellers)"*. As a Traveller female said, *"Travellers need a voice in the west."*

In terms of their experiences of the formal educational system in Ireland, there is a paradox in so far as Traveller men are the head of the Traveller family and yet report low levels of engaging with current training services for Travellers, and Traveller women traditionally subservient, are gaining increased levels of independence because of involvement in Traveller training programmes. One Traveller woman said, *"But we find it hard as women to do these things (education, training and employment), but we find it harder as Traveller women."* Some Travellers recounted examples of discrimination, where they felt that they were not treated equally, and were often given *'colouring books'* rather than regular class-work. This had resulted in many being unable to read and write, and experiencing great difficulties in reading health-related materials, completing forms and reading posters. The Traveller groups reported that these barriers are also faced by young Travellers who have their Leaving Certificate and possibly further educational qualifications. The following remark was made by a young Traveller male, *"Young fellas and young girls in this town did their Leaving and went into shops and went into buildings, and they wouldn't give them work."*

Other Travellers commented on the negative effect poor education has on their Traveller youth, and highlighted the link between this and future drug use, one man pointed out, *"If you have no education and no skills, you more than likely have no job, then kids that have no opportunities, they seek an opportunity and an easy way out. Some kids take the drugs for their own use and they take extra and are selling it to their friends, and it's like a skill, like a job"* A woman commented, *"I'm not saying because you're illiterate, you're stupid, but if people unfortunately don't get educated in their life, they don't have proper education, they don't have a skill, and they don't have much of a future ... That's why they're vulnerable"*.



In terms of employment prospects the Travellers reported that there are very few opportunities within mainstream employment for Travellers in the western region. This was reported to have led to greater levels of depression, boredom, drug dealing, criminal activity, and in some cases, poverty. The Travellers reported that they did attempt to gain employment but in most cases their attempts were rebuffed once their identity was established. Some agency workers also commented that this occurred on several occasions where they had tried to assist a Traveller in securing employment. The following quotes were made during the focus groups with Travellers, *“Every job they look for they are refused even if the job is still vacant”* (Traveller female) and *“They won’t give a Traveller work, over their name ... they will not give them work”* (Traveller female). This lack of employment prospects and continual experience of employment related discrimination have important repercussions for levels of substance use among the Traveller community in the west. Fountain (2006) argues that the risk of early drug initiation and development toward problematic use is directly linked to unemployment.

On average three-quarters of Traveller males and two-thirds of females are unemployed (Central Statistics Office, 2006). This dramatically increases their risk of substance experimentation and abuse due to high levels of boredom, excessive free time, stress, domestic crisis, depression and poverty. The following remark was made in the course of the focus groups, *“So if they ain’t got jobs and they ain’t got work, the best thing is to go and get drugs and get high”* (Traveller male). Travellers commented that if Travellers were employed in greater numbers or had a more positive experience in securing employment, that this would lead to lower levels of drug experimentation, lower levels of drug dealing, lower rates of depression, and improved social integration in their communities. The agency workers also commented that greater levels of opportunities to gain employment and training for the Travellers in their areas would lead to improved inclusion and community value. Instead, the

Travellers felt as if they were living on the periphery of their communities and did not have a sense of value or pride in themselves or their local town.

4.2 Alcohol

According to the agency workers, alcohol remains the substance of concern and is increasingly abused by Traveller men and more recently by single Traveller women. An agency worker said, *“Drinking most commonly takes place at funerals and weddings with high levels of alcohol being consumed particularly among the Traveller men.”* Episodes of binge drinking are common and have contributed to high levels of alcohol dependency and increased risk of introduction to drugs. The agency workers commented that excessive levels of drinking are increasingly common both within the settled community and the Irish population as a whole; and questioned the cultural acceptance of alcohol within Irish society. For example, one agency worker commented, *“Alcohol needs to be dealt with in Irish society, never mind as part of Traveller culture ... There is little difference now between the Traveller community and the settled.”* Agency workers described the destructive effect of alcohol use within the Traveller family, *“if the head of the household is absent or in prison, the Traveller woman present with high alcohol and prescription medication use”* and *“Fathers with serious alcohol addiction and binge use - leading to increased violence in the home and financial difficulties for the Traveller family”*.

The Travellers provided a key insight into their perceptions of alcohol and highlighted several important issues. Most Traveller groups commented that because of difficulties in getting served in public houses and hotels, Travellers often consume alcohol at home or on the halting site. One Traveller woman said, *“It would be the odd time that they would get into the pub. Travellers you see, have a lot of problems getting served in the pubs, so that would be a big thing too about going to the pub, and this is why they would be drinking at home”*. The Travellers outlined that because of this common experience of



discrimination, Travellers most often purchase large amounts of cheap liquor at local supermarkets, *“You get the drink there very very cheap, off-licences now at the weekends, they do these deals, you get 24 bottles of Bud for 20 euro”*.

Traveller parents commented that young Travellers would often drink in an attempt to *“try to fit in”* with their settled friends, as evidenced by the following comment from a Traveller woman, *“It’s cheap, and if their friends are doing it they are going to do it”* and from one young man, *“The same as everything else really, like yer just going to go and do it, like I know myself, when I was 15 or 16 it was always drinking, there was nothing else to do. It was quicker to go and get a bottle of cider than it was to go and get a team set up for football, or do anything like that”*. Some Travellers recognised the effect of problematic alcohol use on families and communities, but commented that due to their high levels of boredom, issues with employment and depression, it was difficult to control their alcohol use. In terms of alcohol dependency and issues surrounding addiction, the Travellers seemed to indicate a lack of concern, as if this issue was part of *“normal”* Traveller culture. Whilst, some Travellers were aware of members of their families and communities with a *“drink problem”*, others reported a certain reluctance to admit the presence of a problem and commented that in these cases, the families would deal with it within their own caravan. One Traveller man said, *“(they are) probably ashamed to admit that they have a problem”*.

4.3 Drugs

Parker *et al.* (2002) indicated that perceptions of access to drugs or drug availability are strongly influenced and mediated by the individual’s personal experience of drug use, the community context for norms of use and their socio-demographic profile. Until recent years, the Traveller community has been suspicious and fearful of illicit drugs. This is changing due to increased level of contact with the settled community as efforts to integrate Travellers

intensify, and also increasing levels of drug availability throughout Ireland. The older Travellers reported that illicit drug taking is a sensitive and *“taboo”* topic to discuss, due to their difficulties in understanding drug use from their cultural and age perspective.

4.3.1 Drug availability in the West

The Traveller groups noted that problem drug use is *“bigger in disadvantaged areas, built up places, poor places,”* than in regional towns in the west. There was immediate recognition by Travellers within the urban groups that there are visibly *“more drugs”* in urban areas in the west over the last 2 years. However, some Travellers stated that, in general, drugs are increasingly available in comparison to 10/15 years ago in the west, when they felt that there were little or no drugs within their halting site or community. A Traveller female said, *“I think it’s been getting worse.”* The Travellers associated the increase in availability of drugs in their towns, possibly, with these towns *“getting bigger”*, and more people moving into the town, *“who may be bringing”* in drugs. The following comment was made by a young Traveller male, *“It’s like every town I suppose, there’s drugs in every town and, ya know, this place is riddled with them ...”*. In terms of drug type and availability, the Travellers reported that drugs such as hash, amphetamines and ecstasy are increasingly available to them, *“Drugs, a lot of them are at it, hash, and they’re taking their coke and just you know it’s very easily got”*. This was similar to agency worker reports on drug availability.

4.3.2 Drug dealing

Fountain (2006) argues that drug dealing, drug use and increased access to drugs for the Traveller community are becoming a serious issue in terms of diversification of income generation and criminal behaviours (Power, 2004). An agency worker commented, *“Travellers are mobile ... this encourages drug-dealing between Ireland and the UK and also the larger cities such as Dublin, Galway and Limerick.”* In some areas it was reported that certain Traveller families were contributing to drug fuelled gang land warfare and were increasingly at risk of



incarceration. This is illustrated by the following comment by an agency worker, *"They are starting to engage in gang-type behaviours ... Some have been threatened by confrontational demands for money ... and the violence is increasing due to alcohol and cocaine abuse."* An agency worker also said, *"It's also a lucrative way of making money, especially for those such as the Travellers experiencing unemployment."* In other areas, Travellers were reported to secure their drugs through their own families and had little contact with the settled community. As agency workers reported, *"There's also negative stereotyping of Travellers that they are dealing in drugs. However, this is not reflected in our regional law enforcement statistics."* and *"There are low levels of dealing amongst some Traveller communities ... The circles of use stay within themselves ... There are some levels of suspicion regarding obtaining drugs from the settled community"*. One Traveller male said, *"A lot of people are making a living out of it and destroying someone else's life."* Agency workers commented on the contrast between the extreme poverty experienced by some Traveller communities and levels of wealth created as a result of lucrative drug-dealing among other Travellers.

Some Travellers were concerned that both Traveller and settled drug dealers were recruiting young Travellers to act as *"runners"* and were therefore also providing them with an introduction to drugs and context for use. Other Traveller groups made the point that drug use among some younger Travellers is often visible in pubs and on the streets, as the behaviour of these young people *"can change throughout the night and become more aggressive."* It was noted that this is mainly among groups of young Traveller men. The practice of *"snorting something white"* was also observed by some members of these Traveller groups, who reported that they were able to access the local pubs and clubs in their areas. A Traveller youth made the following remarks, *"Regardless of where they are going to get it, they are going to get it"*.

4.3.3 Drug types and user groups

The Traveller groups reported that *ecstasy, speed, hash* and *cocaine* are the most commonly used drugs amongst Travellers. Many agency workers

commented that poly-substance using was common and the exact combination depended on drug availability. The most common combinations including: *"alcohol and hash/cannabis; alcohol and benzos; benzos and solpadine; solpadine and alcohol; cocaine and alcohol; redbull and anadin; zanadol and coke; anadin and coke and painkillers and alcohol."* According to agency workers, Traveller men and youth were using hash, cocaine and ecstasy and Traveller women often limited to prescription medication. There appears to be some anecdotal reports of heroin (smoking), crack cocaine and cocaine. According to some agency workers, there is little direct evidence to suggest these substances are widely used, however one noted, *"Sure you can see their wired up faces at court"*.

In terms of Traveller youth, perhaps most at risk of early drug experimentation and use of alcohol, agency workers felt that the age of initiation into drug use appeared to be slightly higher than that of settled adolescents. As already stated, Traveller girls experience greater levels of monitoring and parental control, and do not exhibit similar levels of substance use as settled adolescents. Substances used are similar to those reported by settled adolescents with alcohol, hash and cocaine most popular. The following observations were made in the course of the interviews with agency workers, *"Youth substance use is a normal leisure pursuit particularly for males ... little differences between settled and Traveller youth in drug and alcohol taking practices"* and *"the mix between the settled community and Travellers has transcended and has broken down the barriers between settled and Traveller, particularly in the case of young people."* Drug use was frequently reported by young Traveller males; and less so by Traveller girls who appeared naive when questioned on this issue. The Traveller youth made the following remarks, *"No 15, 16, 17 year-old I know has a serious drug problem. Serious is like ecstasy; hash is just a buzz, weed is just a buzz, to relax you like. It's more like older people that take serious drugs"*, *"Some Traveller young fellas are taking them and more Traveller young fellas don't take them. You can't tar them all with the one brush"* and *"I don't know of any Traveller girl taking drugs"*.



The agency workers reported that it was most common for Traveller males in their 30s and to use drugs such as hash, ecstasy and amphetamines. They also reported marked differences related to gender and age differences, with very low levels of Traveller women using illicit drugs, and most commonly abusing night sedation and benzodiazepines. The gender differences in drug use were deemed to be a result of high levels of control from the Traveller man as head of household and “purse strings”. Some Travellers outlined their concerns around prescribed drugs being misused within the Traveller community, as well as their concern around the potential of problematic prescription drug abuse, *“I think that there are people just going in there and getting them, and pretending they are being depressed and that, and maybe getting them and selling them on”*. It also appears that *“Traveller women do not prioritise their own health and do not avail of preventative services”* (Fountain, 2006).

The Traveller groups identified that illegal drug taking was most prevalent among young Traveller men, and least common in Traveller women of all ages. A young Traveller advised, *“Young Travellers, as young as 13/14 are smoking hash, doing solvents”*. In relation to the lower drug taking rates among Traveller females, the Travellers themselves attributed this to the fact that young Traveller women/girls do not have much freedom or disposable income, and therefore do not have the opportunities to purchase illegal drugs. The Travellers outlined that it is mainly single Traveller men who are involved in drug-taking and drug dealing, while there are a small number of married Traveller men involved. However, some Travellers did describe drug taking as *“a stop gap when you’re single.”* There were several comments made by Traveller women in relation to marriage and the possible effect this has on health risk behaviours such as drug use and excessive drinking, *“If you’re single no-one is supposed to know what you’re doing, and if you have done something really wrong, your parents might say, you’re not good enough or whatever, whereas if you’re married anything goes, what you do in your own home is your business”* and *“If you were single it would be harder for you cos you would have to keep it quiet, or they mightn’t be able to get married.”*

4.3.4 Reasons for drug use and risk perceptions

According to the agency workers, the reasons for substance use were observed to be similar to the “settled” community but worsened by the issues experienced by Travellers and their living conditions. Drug and alcohol use was identified by the majority of agency workers as an escape from the reality of their problems in terms of depression, poor health, difficulties with employment and relationships with the settled community, and were as follows: *“(The) majority use substances in order to cope with problems and boredom”* and *“Traveller substance use is more than a coping mechanism. It is a set of circumstances”*. The reasons for drug experimentation and subsequent use were described by Travellers as primarily relating to curiosity, depression and the peer group setting, *“Didn’t know what it was”, “Depression is one of them”* and *“They want to be part of the gang or part of the group”*. In addition, Traveller parents commented on their fears of drug use among their children and said, *“They might feel let down, they might be having problems at home,”* or *“the whole world is against me, I might as well do it anyway.”* and *“Could be called Mummy’s boys, or a fool, even though he might not be interested, he would have to take it because everyone would be just standing there laughing at him”*.

In terms of risk, older Travellers reported a fear of drugs and potential overdose, with younger Travellers indicating an relatively normalised perception of drugs such as hash and ecstasy. According to agency workers, the most common perceptions of risk from their experiences with Travellers included death, addiction, family crisis and prison. The following comment was made during the agency worker interviews, *“There is little perception of risk relating to drug or alcohol use; only when there is an addiction do they acknowledge a problem ...”* and *“If I don’t get caught, what’s the problem?”* Several agency workers commented on the difficulties that arise due to poor mental health, such as dual diagnosis of mental and drug related disorders, and to misuse of prescribed medication most particularly among Traveller women, saying for example, *“Dual diagnosis of mental health and drug disorders (is) very common”*.

4.3.5 Problematic drug and alcohol use

Agency workers have observed a marked increase in problematic drug and alcohol use among Travellers in the last 10 years in the west of Ireland. As is the case in the settled community, problematic substance use is confined to certain vulnerable groups and individuals. Travellers recognised that some Travellers were in need of intervention from services due to their problematic substance use. Some Travellers did not view alcohol as posing as serious a risk in terms of addiction as illicit drugs and said, *“Well ya wouldn’t really see drink as a problem as you would see drugs”*. Other Travellers commented on the strength of rules and sanctions for drug use within their communities in previous years and said, *“Ye couldn’t drink before ye got married, that was one thing you couldn’t do, or smoke, never mind use drugs.”* and *“You would never hear of drugs among Travellers, going back I’d say even ten years, but now it’s a big thing”*. The Travellers reported some fear of drugs in terms of aggressive behaviours, poly-drug using, more serious forms of drug use and suicide. The following quotes were made by Traveller men, *“It used to be hash but in the last maybe year or two everyone is taking coke, every second person you meet is going to get a bag of coke. It starts off with hash and then it gets to coke, slowly going up, going up”* and *“If that (crystal methamphetamine) comes into the country, the whole country will be wiped out”*.

According to the agency workers, alcohol and in some cases drug dependency is a result of attempts to deal with the issues experienced within their lives and said *“Substance use is a crutch for their day to day problems.”* Travellers commented on the escalation of problematic drug use and said, *“Suppose you get an educated person that gets caught up in drugs, they can afford to feed their habit, so they don’t have to be involved in say, like as, a dealer. But say now you have another lad, that’s illiterate, and he’s caught up in the habit and what he’s doing is, he’s getting more drugs than he needs because he needs to sell off these to keep his habit going, and that’s how people get caught up as well.”* The Traveller groups also highlighted their view that drug-taking has both significant causes and consequences, *“life circumstances come into it too, it*

does really, because if you’re living with someone that takes that stuff it’s your everyday life looking at them, eventually you’re going to end up doing it”, and reported a common denial, *“and Travellers don’t realise the dangers of it and a person won’t admit to going to Rehab, a Traveller won’t admit it because they won’t admit they have a problem”*.

The Travellers offered a variety of insights into problematic drug use and addiction, the identification of drug use needing treatment, and their belief that individuals with a drug problem should be able to receive timely and appropriate help. One Traveller man said, *“To solve a problem you have to go to the source of it, to solve anything in life, you have to go to the source of it ... I think if a person is a drug addict, he has problems right ... you have to go back before he ever started taking drugs”*. Agency workers reported that Travellers commonly attempt to deal with problematic drug and alcohol use within their own families both in terms of GP assisted detoxification and non-medical detoxification. The following comments were made by agency workers, *“Two out of three Travellers sort themselves out by taking the pledge or attempting home detox”* and *“some instances of home detox attempts as they don’t like outsiders ... they try to solve everything from within and as a last resort will access services”*. These findings are similar to those in the 2006 NACD report (Fountain, 2006). Denial of drug use and problematic use is often present (accompanied by secrecy and shame among those who do have a problem); and Travellers also commonly have an unrealistic expectation of a ‘quick fix’ (Pavee Point, 2005). Other agency workers also commented on the use of religion in order to deal with addiction; one said, *“Sometimes they go to Medjugorie”*. and also commented that Travellers would often visit the local priest to try to deal with family addiction. It was also reported by agency workers that some Traveller men would abstain during Lent, and said, *“the pledge is still very powerful among the Traveller community”*.

4.4 Alcohol and drug use within the Traveller family

Some agency workers observed that the Traveller family, by nature, is traditionally unsettled, often leading to increased risk of substance abuse, modeling of substance use practices and mechanisms of dealing with stress. One agency worker reported, *“Family support - my client’s children are the ones who will benefit. In some cases residential treatment involving the whole family is needed.”* According to some agency workers, Traveller women are also seen as the key role model in Traveller society and therefore are used to disseminate health-related information garnered in the Primary Health Care Programmes. Agency workers said, *“The Traveller training centres and primary health care projects are having some effect with Traveller women by informing them about drug and alcohol use ... they are great to go home and talk about what they have learnt”*. However, some agency workers noted that there are problems with this programme; as Traveller women sometimes do not complete the training in order to sign on again the following year, and also it appears that it is Traveller men that are particularly in need of intervention for alcohol abuse and illicit drug use.

According to an agency worker, *“In some ways the levels of strictness with their children helps to buffer against opportunities to experiment with drugs”*. The relationship between parent and child coupled with high levels of supervision was highlighted by Travellers as a protective factor in preventing drug use among young people within the Traveller Community. It was reported that a parent’s role is to advise children with regard to drugs and related issues, to *“teach them right from wrong”*. The following remarks were made in the course of the Traveller focus groups, *“but the parents need to be educated as well to look out for it; to watch out for ye now if you’re child is doing it.”* and *“parents should be shown, there should be some kind of posters for parents that can show them the signs; if there are certain signs there that they might know if their young fella is on drugs”*.

It was reported by both agency workers and the Travellers that the Traveller family generally attempts to deal with the drug user and their problem within the family first, often with the help of wider family networks (uncles, cousins, etc.) and *“talking to the person, trying to get them to stop doing what they are doing”*. It was reported that Traveller families are consistently looking out for one another. This point was made with reference to watching what young people are doing, who they are with, and when needed, telling a parent about something which they *“should know”* about their son or daughter. Research also indicates that Travellers are increasingly concerned about the impact of recreational and problematic drug use on their children, families and communities, and most are willing to discover the appropriate response for their community (Pavee Point, 2005).

4.5 Drug and alcohol prevention and education

Both the Traveller youth and Traveller parents were concerned about the lack of positive and goal-directed activities for Traveller youth to partake in, as they recognised that such activities would offer some protection against drug experimentation and use. It was suggested that children and young people, *“are bored without anything to do.”* The following remarks were made during the Traveller focus groups, *“I think what will stop kids is if there’s something going for them, say like we were talking about sports, or if they have a future, it helps a little bit that if they have a future in something”* and *“the person that has no goal in life, that person should be brought down a different road, a road to give him something, to help him in some way”*. Activities such as sports, football, hurling and youth clubs for young Travellers were suggested by the Traveller youth and also by parents. Opportunities for young men were highlighted as particularly necessary at the moment in order to provide better life chances for young Traveller men. This was also especially noted in the area of employment. The following comments were made by Travellers, *“Sports is a very very important*



thing for kids to get involved in, because I tell you why, there's no drugs involved" and "If you have the ability to get on and you want to get on with what you're doing, let it be in sport or in education or in anything that you're doing, or your skills or what ever, ye know you have to stay away from it".

According to the Travellers the level of drug awareness within the Traveller community appears to be quite low in the west. The following remarks illustrate this, *"Drug awareness is deficient in my area, but, the whole issue is the people that are using the drugs, they are the people that need the help, and that's where the emergency is"*. In relation to drug awareness training, which some of the Traveller focus group members participated in, the majority of Travellers felt that it was not suitable for a Traveller group, as it was not based on their values and beliefs, one woman said *"We had someone in here talking about drugs before and we actually thought by the way that she was talking that drugs were good; what we took from that session was it's OK to take drugs and don't drink"*. As one woman explained *"She should have been told before she came in here really is that would have been the way we are about drugs, that we don't find drugs as being good, ye know, that we don't agree with that, maybe she would have come across differently then"*.

In terms of the effect of school based drug prevention efforts, although young Travellers may receive some levels of drug education at school, this may be inconsistent due to school timetabling, poor implementation of the Social Personal and Health Education (SPHE) programme and poor attendance issues (Van Hout & Connor, 2008). In addition, Travellers' inexperience of a formal learning environment, coupled with poor literacy skills can also restrict the delivery of and participation in youth drug education (Blighe, 2001). According to the majority of agency workers, the current implementation of SHPE appears to be *"patchy"* and not uniform in terms of who delivers it and how it is delivered across the west. An agency worker remarked that, *"(there is) no quality control as to how this is implemented in schools ... problems regarding curriculum time and drug stigma attached to the school"*. Agency workers were not confident that SPHE would have any effect on Traveller youth or potential

dissemination into their community. One agency worker commented, *"(it is) impossible to measure the impact of SPHE ... SPHE is not a useful vehicle for dissemination of information"*.

In terms of the current harm reduction protocol for drug education, the Travellers reported that they found it very hard to come to terms with the so-called, advocated *"safe use"* of drugs. In contrast, the Travellers advocated the use of shock tactics in deterring their children from drug experimentation and made the following comments, *"If they were shown something, the harm that it does"*. Other Travellers advocated the use of recovering or ex-addicts in the delivery of drug educational material and youth, one man explained, *"It would be good if they brought in a recovering drug addict, to tell their story of how it affected them and all that, because a person going in that never took drugs before, they're not going to know"*. In relation to the implementation of drug education during childhood and adolescent years within school and youth training centres, the following comments were made by the Traveller parents, *"I think they should start off when they're small in schools, and tell them what damage it does to people's health."* and *"I think the teachers think, it's our job to do it at home"* and *"Do you know what should be done as well, you know all the Training Centres within the Traveller Community, they're mixed now because there are settled people working there as well, but I think that there should be people going in there and talking about drugs to youngsters, and places, Youth reach"*.

4.6 Addiction treatment

According to Fountain (2006) the barriers to effective addiction treatment for Travellers are primarily that services are geared towards settled people with few minority staff and that there is a general concern about confidentiality. Travellers discussed how someone might access a service or the possible reasons for not accessing a service and made the following comment, *"Travellers don't really go for, say, 'I've got a drink problem and I need help like', I think its more they don't want people poking in their business; it would be embarrassing, they probably wouldn't*



say anything. And for the rare few that would, there's nothing for them". There was an identified need that Travellers must be able to access treatment services in confidence. One man said, "Some people might not want to walk in because it could be your neighbour that's working in there, could be somebody that you know from going to the schools and stuff like that, one of the other parents working there". Most Travellers agreed that, as they often didn't know what services were in place, they would visit the General Practitioner in the town, "Well, what we would think is the first person you would see if you have a drug problem is your own doctor and he would put you onto somebody". It appears that timely and responsive treatment access is needed for those who have made the decision to enter treatment. Many of the Travellers commented that services in the west were only accessible during office hours and not at weekends, and remarked that often when a Traveller had made a decision to enter treatment this had to be acted on immediately. The following remarks were made by Travellers with experience of looking for treatment, "Well, we can't do it today, and I only work from 9 till 5, and I'm on holidays, and today is a bank holiday." "You tell that to a drug addict, he doesn't even know what day it is, don't mind that it's a bank holiday, or she for that matter. So I think that the services should be, when they're prepared to take the help, that's the time to grab them." and "There should be 24 hour services, even an office, or something". One Traveller ex-service user commented, "There should be a service that you can grab the person when the person wants help, and is prepared to accept help ... I have asked this question before in centres and I was told that such a service couldn't exist, it would be impossible and I think the reason why they are giving that answer is, they (other services) don't want to be in danger of anything new coming into the scene, because the new thing could be the thing that will take their comfort away, and even though it might be the way forward, it might be the thing to do because what they are doing at the minute doesn't seem to be working. If something isn't working for you why not try a new way?"

According to the agency workers, the majority of Travellers accessing treatment services were male and presenting with alcohol addiction. This

reported gender difference is of particular concern in terms of the lack of Traveller men engaging in drug education programmes and also because of reported levels of prescription medication abuse among Traveller females. The agency workers emphasised the lack of ethnic identifiers in drug treatment systems and community services that renders an incomplete picture of numbers of Travellers accessing services. The delivery of addiction treatment commonly involves the use of written informational materials and logbooks, and some agency workers commented that they had to read and explain this information to their Traveller clientele, which led to delays in providing addiction counselling. The following remarks were made, "Time intensive provision is needed, no point in giving drug educational leaflets/12 Step Programme in writing... (need to) take time to read drug material to Travellers and explain". The agency workers remarked that the Travellers accessing addiction counselling often only came once or twice, usually in the advent of a court case, were defensive and difficult to engage with, and had problems working in groups. The following comments were made by agency workers in relation to their experienced difficulties engaging with Travellers in treatment settings, "Travellers are difficult to engage with a lack of commitment for treatment". Those delivering counselling commented, "They need one-to-one interventions as they don't work well in groups as they feel stigmatised". Agency workers also commented on the lack of self-referrals; "Referrals to treatment are only in the case of GP, court or probation work ... often not coming from the Traveller in question themselves which makes it harder to engage with them" and "GP referral is not necessary ... a walk-in-service would be more appropriate."

In terms of discrimination, the Travellers commonly report negative experiences with health professionals (Fountain, 2006). Many Travellers recounted negative experiences in accessing services, but also in relation to the settled people operating these services. Most Traveller groups highlighted that such negative or uncomfortable experiences within services could possibly deter an individual or family seeking help or support at another stage. In addition, some Traveller groups



were not aware of what services were available to them and what services were appropriate to access in terms of mental health or drug related problems. In relation to the Travellers perceptions of current service provision in the western region, they made the following observations, *“Services are not visible”* and *“People think that Travellers are thick, and shouldn’t know these things”* and *“A lot of people want to give it up but can’t at the moment”*.

4.7 Recommendations for improved service provision in the West

In terms of the Traveller focus groups, the issues discussed most frequently as being most significant to their community were Drug Prevention/Education, Access to Services and adopting a Community Development Approach. Traveller groups reported that drugs services and agencies should be *“out”* in the community regularly, finding out what the main issues are at the moment, creating links within the community and helping those in need. The Traveller groups suggested that there is a lack of information on drug services within the community or a lack of Traveller awareness of what services were available to them. The following key recommendations from the Travellers perspective were made:

- 1 That drug education and awareness for Travellers is vital and that opportunities for Travellers to participate in drug education should be developed within communities. The groups felt that drug awareness programmes should be delivered on a gender and age basis (men, women, young people, adults) and within established groups where trust is already built.
- 2 That a community development, outreach, approach is vital for all elements of a potential drug strategy. The groups felt that Primary Health Care workers have a role to play in providing information on services to others within the community. An *“outreach element”* is vital, which would involve a worker being *“on-site”*, meeting families, young people and

providing information and developing opportunities for young Travellers.

- 3 That treatment and outreach services should make themselves more visible to the Traveller community in order to highlight their role and what services are available.
- 4 That developing services for Travellers that promote Traveller culture and expression would serve as drug prevention methods as they would provide *“a place to belong, a sense of identity”*.

The most pervasive theme was the importance of involving the Travellers in drug education and prevention, and taking into consideration their norms and cultural values in the delivery of such services and educational materials. It was remarked that Travellers *“would prefer information from Travellers”*. The following quotes from two traveller women illustrate this point; *“I don’t think the services know what they need to know about Travellers, about Traveller culture or what way Travellers do things, because they haven’t got Travellers with them, they’ve got no Traveller worker with them”* and *“At least if there was a Traveller they could say, I know what the situation is, I know how they have to live, I know from their background and being of the same background they would pretty much get it”*.

The agency workers also deemed such Traveller involvement in drugs prevention and treatment service delivery necessary in order to facilitate trust, inject cultural knowledge into the services, avoid discrimination and improve access pathways. The following key service recommendations were made by agency workers:

- 5 Peer-led drug education, research and prevention programmes using a variety of media such as videos, drama and art are viewed as having the most potential to include the Traveller community in the development of culturally appropriate interventions and materials. In relation to Traveller youth, there is a need to provide more Traveller training and integrated youth programmes involving education, training and recreational programmes.

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- 6 There is a need for dedicated Traveller outreach, with a specific remit for drug and alcohol use in addition to dedicated Traveller-led drug education. Gender specific and targeted interventions for Traveller men and Traveller women are needed in light of current reported substance use trends. Primary health care programmes need to expand and include dedicated training for Traveller men. In terms of services and health professionals, there needs to be increased anti-discrimination training for community, law enforcement, health and addiction services staff.
 - 7 There is a need for improved links with the prisons with regard to Traveller prisoners, and upon release, in order to provide timely support.
 - 8 Increased family support for Travellers experiencing difficulties relating to a host of issues such as accommodation, family violence, child protection, unemployment, mental health disorder and education is required.
 - 9 A multi agency approach is advocated to involve all relevant community-based, Traveller and drugs services in order to develop a cohesive structure of support for Travellers in the west. Such addiction and outreach services must expand to offer out-of-hours and weekend assistance for those most vulnerable, and provide timely and reactive support.
 - 10 There is a need for Traveller trained addiction counsellors in order to engage with and support those Travellers experiencing substance dependency. In addition, there must be some female Travellers trained as addiction counsellors particularly in light of the low levels of Traveller women accessing services. Residential services must aim to help Travellers with their difficulties in committing to treatment.
 - 11 Ethnic monitoring of drug treatment and service numbers is necessary in order to accurately quantify those currently accessing services and measure improvements in years to come.



A wide range of illegal drugs, such as cannabis, ecstasy, amphetamine and more recently cocaine appear to be increasingly available within both urban and rural communities throughout Ireland (Moran, 2001).



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Conclusion

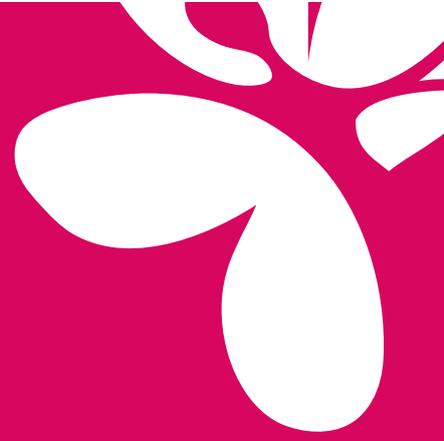


Conclusion

European and Irish research indicates that the overall prevalence and variety of drug use in Ireland have increased over the last two decades (European Monitoring Council for Drug and Drug Abuse, 2007; National Advisory Committee on Drugs, 2007). While drug use among the Traveller community is of increasing concern, especially in terms of alcohol abuse and risk of progression to serious drug use, currently drug use remains at a lower level than the general Irish population. However, such drug use is of concern, as the Traveller community experiences many identified risk factors for drug dependency related to social exclusion, poverty and poor health. It appears that the Traveller culture is increasingly fragmented in terms of the protection it has previously offered against drug use in terms of isolation, family networks, close family relationships and parental supervision (Fountain, 2006).

The levels and perceptions of drug and alcohol use among the Travellers in this research represent a continuum in terms of prevalence, patterns of use and impact on Traveller families. Traveller men report increasing levels of excessive alcohol and illicit drug use. In contrast, dependency on licit drugs such as prescription and over the counter medication is reported among Traveller women. Traveller youth, particularly boys appear to be vulnerable to early onset of drug use, and peer pressures in terms of patterns of drug and alcohol use

It is of vital importance to develop local polices relating to Traveller substance use, services that respond to local needs and target interventions from a Traveller, drug and community related perspective. This research adds to the current research profile of Traveller substance use in Ireland, and is intended to inform the development of the Western Region Drug Strategy, 2010-2013.



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Appendices



Interview Template: Service Providers

1. What is the extent and nature of substance misuse in the Traveller community in the Western Region of Ireland?

- What are the common patterns and trends of misuse for these Travellers?
- Is there gender and age-related differences present in the selection of substances used and progression pathways towards problematic substance use?
- What are the primary and secondary substances of choice?
- Is there preference for poly substance taking and is this substance use recreational, occasional, or regular?
- What is their lifetime and last month prevalence or experience of drug and alcohol use? Are these trends similar to national trends?
- Who introduced them to the substance - is the “*mainstream*” community providing the context for introduction to certain substances?

2. Is there direct experience of substance misuse within the Traveller family and community?

- What attempts are made to support a Traveller with problematic substance use?
- Have there been instances of home detoxification attempts and how do Traveller parents discourage their children from substance experimentation?

3. Are there certain levels of abuse (e.g. alcohol, prescribed medicines) which are tolerated by the Traveller community?

- Is there normalisation of certain substances used? Is there an element of self- medication?
- What is the impact of problematic substance use on the Traveller family (financial/emotional)?
- Is substance use a coping mechanism for the problems experienced by Travellers?
- Has violence within the home increased in correlation with the development of problematic substance use?
- What are the common perceptions of risk, relating to drug and alcohol use (health/legal/financial/emotional)?

4. What are the routes and progression pathways towards drug misuse within the Traveller community?

- What are the ages of initiation to substance use and is the Gateway Hypothesis applicable?
- Is there a presence of a drug taking sub culture as in “*mainstream*” drug taking groups with its own drug practices, drug language and support network?
- Are young Travellers presenting with similar substance use patterns as “*mainstream*” adolescents? Is this trend similar with the older generation?

5. Are there certain prompts within the Traveller community that help prevent substance misuse (e.g. Lent) or alternatively promote misuse (e.g. celebrations)?

- From whom do Travellers receive drug and alcohol related information?
- What are the levels of drug and alcohol health and harm related knowledge?
- Are young Travellers in education disseminating drug educational knowledge received from the Social Personal Health Education programme to older members of the Traveller community?
- In relation to prescription and over-the-counter medication, are low literacy levels causing potential harm?
- Is there any evidence of more serious drug use such as heroin, cocaine and crack cocaine?
- From a legal perspective is there a presence of a divergence of Traveller economic activity into drug dealing? Where do Travellers purchase illicit drugs?

6. What are the specific service needs around substance misuse?

How can Travellers receive integrated and targeted drug prevention and treatment services?

- What can mainstream services do to help prevent or treat substance misuse within the Traveller community?
- In relation to literacy problems and feelings of discrimination, what are the best ways to disseminate drug educational material? Do the risk factors relating to poverty, lack of literacy skills and education and feelings of discrimination exacerbate potential risk of substance abuse in Travellers?
- What recommendations can be made towards other agencies and strategies to help prevent or treat substance misuse amongst the Traveller community?
- How many Travellers have accessed services and what was their experience?

Interview Template: Travellers

1. What is the extent and nature of substance misuse in the Traveller community in the Western Region of Ireland?

- What are the common patterns and trends of misuse for these Travellers?
- Is there gender and age-related differences present in the selection of substances used and progression pathways towards problematic substance use?
- What are the primary and secondary substances of choice?
- Is there preference for poly-substance taking and is this substance use recreational, occasional, or regular?
- What is their lifetime and last month prevalence or experience of drug and alcohol use? Are these trends similar to national trends?
- Who introduced them to the substance – is the “*mainstream*” community providing the context for introduction to certain substances?

2. In relation to your substance use:

Current Drug Use

- How would you describe your current drug use?
- What drug/s would you say you now use most regularly at present?
- How frequently do you use the drug/s?
- In what circumstances (time, location, setting) do you typically use the drug/s?
- How would you describe the buzz or hit from the drug/s used?
- Have you ever used drugs while alone?
- Do you use several drugs together? If so, what drugs?
- Does this practice enhance your drug experience or buzz?

Social Context of Drug Use

- Do you usually use the drug/s in the company of friends?
- Are some/most/all of your friends aware that you use drug/s?
- If no, do you think some or all would disapprove of your activities?
- How many of your friends (do you think) have used drugs?
- Which would you say is the most popular or most frequently used drug within your network of friends/acquaintances?



The Drug Experience

- How would you describe what you feel or experience when you use a drug/s?
- What would you say are the most appealing aspects of the drug/s?
- Are there negative sides to drug use? If yes, can you describe them?
- What would you say are your main reasons for using drug/s?

Availability, Quality and Cost

- Is it easy to access a supply of drug/s? If yes, which type of drug/s?
- How do people generally go about securing a personal supply (in your opinion)?
- Are the "right" contacts necessary to secure a supply?
- What are your primary access routes to the drug/s (e.g. friends, dealer, acquaintances)?
- Do you depend on other (i.e. friends) as a means of securing a supply?
- Does the quality of the drug/s vary?
- If you had more money, do you think you would spend more money on drugs?

Risk Perceptions

- Do you consider certain drug/s as "safe" drug/s?
- How do certain drugs compare in terms of potential health risks?
- Do you think that some drug/s can be dangerous or potentially addictive?
- Have you ever experienced adverse or negative side-effects following the use of certain drug/s?
- Have you ever worried or considered the potential health risks associated with drug use?
- How would you say the risks associated with legal drugs (alcohol and tobacco) compare with illegal drugs?
- What about the legal consequences of getting caught? Do you believe you would be charged?
- Have you ever worried about the possibility of this happening?
- Do you have ways of trying to ensure that your activities are not detected by law enforcement?

Personal Drug Use

- Have you ever experienced definite negative or undesirable repercussions which you would attribute to your use of drug/s?
- Have you ever felt a sense of having lost control as a result of your drug use?
- Have you ever felt a sense of craving for a certain drug/s?
- Did you ever go through a period of regular drug use?
- Would you say that drug use ever had negative repercussions for your school work or personal relationships?

3. Is there direct experience of substance misuse within the Traveller family and community?

- What attempts are made to support a Traveller with problematic substance use?
- Have there been instances of home detoxification attempts and how do Traveller parents discourage their children from substance experimentation?

4. Are there certain levels of abuse (e.g. alcohol, prescribed medicines) which are tolerated by the Traveller community?

- Is there normalisation of certain substances used? Is there an element of self-medication?
- What is the impact of problematic substance use on the Traveller family (financial/emotional)?
- Is substance use a coping mechanism for the problems experienced by Travellers?
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- What are the common perceptions of risk relating to drug and alcohol use (health/legal/financial/emotional)?

5. Are there certain prompts within the Traveller community that help prevent substance misuse (e.g. Lent) or alternatively promote misuse (e.g. celebrations)?

- From whom do Travellers receive drug and alcohol related information?
- What are the levels of drug and alcohol health and harm-related knowledge?
- Are young Travellers in education disseminating drug educational knowledge received from the Social Personal Health Education programme to older members of the Traveller community?
- In relation to prescription and over-the-counter medication, are low literacy levels causing potential harm?
- Is there any evidence of more serious drug use such as heroin, cocaine and crack cocaine?

6. What are the specific service needs around substance misuse? How can Travellers receive integrated and targeted drug prevention and treatment services?

Adapted from an interview template by Mayock (2002)



“Travellers accessing services need to be reassured there is an understanding of their culture and an acceptance of it.”



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